

**SECOND OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**SUMTER CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted July 9-10, 2014

**CMA STAFF**

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CAP Assessment Distributed on March 30, 2015

## **CAP Assessment of Sumter Correctional Institution**

### **I. Overview**

On July 9-10, 2014, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Sumter Correctional Institution (SUMCI). The survey report was distributed on July 28, 2014. In August of 2014, SUMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 2014 survey. These efforts included in-service training and the monitoring of applicable medical records for a period of no less than ninety days. On November 26, 2014, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on December 22, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 7 of the 14 physical health findings and 2 of 3 mental health findings were corrected. On March 10, 2015, the CMA again requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site assessment on March 26, 2015. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### **II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 0 of the 7 physical health findings were corrected. Seven physical health findings will remain open.

<b>Finding</b>	<b>CAP Evaluation Outcome</b>
<p><b><u>GASTROINTESTINAL CLINIC</u></b></p> <p><b>PH-2: In 8 of 16 records reviewed, there was no evidence of hepatitis A &amp; B vaccine given to inmates with hepatitis C infection and no prior history of A &amp; B infection.</b></p>	<p><b>PH-2 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>INFIRMARY</u></b></p> <p>A comprehensive review of 12 inmate records revealed the following deficiencies:</p> <p><b>PH-8: In 6 of 8 applicable records, there was no evidence that inmates in 23-hour observation status were evaluated by nursing staff upon admission.</b></p> <p><b>PH-9: In 2 of 8 applicable records, there was no evidence that appropriate care orders were provided by the clinician for inmates in 23-hour observation status.</b></p> <p><b>PH-10: In 4 of 8 applicable records, there was no evidence of a discharge note for inmates in 23-hour observation status.</b></p> <p><b>PH-11: In 3 of 4 applicable records, there was no evidence that the inpatient nursing assessment was completed within two hours of admission.</b></p> <p><b>PH-12: In 4 of 4 applicable records, there was no evidence that the discharge nurse completed the discharge summary.</b></p>	<p><b>PH-8, PH-9, &amp; PH-10 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore an acceptable level of compliance could not be determined. PH-8, PH-9, and PH-10 will remain open.</p> <p><b>PH-11 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-11 will remain open.</p> <p><b>PH-12 OPEN</b></p> <p>Adequate evidence of in-service training was provided, however institutional monitoring was inadequate, therefore an acceptable level of compliance could not be determined. PH-12 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><b><u>CONSULTATIONS</u></b></p> <p><b>PH-13: In 8 of 13 applicable records (16 reviewed), the new diagnosis was not recorded on the problem list.</b></p>	<p><b>PH-13 OPEN</b></p> <p>Adequate evidence of in-service training was provided; however after review of the documentation provided from the medical record, it was determined that an acceptable level of compliance had not been reached. PH-13 will remain open.</p>

### III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that the remaining mental health finding was corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p><b>MH-3: In 3 of 6 records reviewed, nursing staff did not consistently complete the DC4-673B “Inpatient Daily Nursing Evaluation.”</b></p>	<p><b>MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-3.</p>

### IV. Conclusion

PH-2, PH-8, PH-9, PH-10, PH-11, PH-12, and PH-13 will remain open. All mental health findings are closed. Until such time as appropriate corrective actions are undertaken by SUMCI staff and the results of those corrections are reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site visit, but the option remains open to conduct an on-site evaluation.